

# **Transportation**

Prepared for

Blaine House Conference on Aging  
September 2006

Prepared by

Jason C. Charland

The University of Maine Center on Aging  
Orono, Maine

*This report was prepared under a Cooperative Agreement between the Edmund S. Muskie School  
of Public Service and the Maine Department of Health and Human Services*



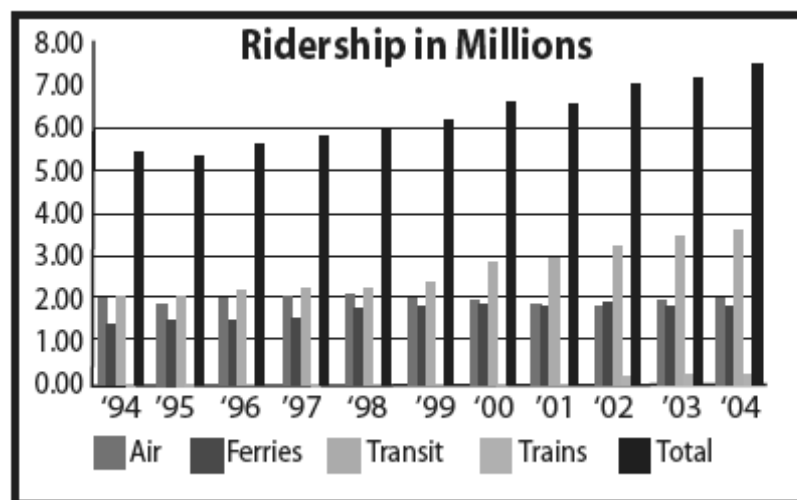
## Background

Due to the size of the state of Maine and the fact that goods, services, and communities are separated by many miles of roads, transportation is often a particular challenge for Maine's older citizens. Maine is the largest state in New England in geographic area stretching 320 miles long and 210 miles wide, with a total area of over 33,000 square miles (maine.gov, 2006). There are nearly 23,000 miles of public roads and there were nearly 15 billion vehicle-miles traveled statewide in 2004. There are significant transportation obstacles to overcome for older adults living in rural parts of the state as well as for those who facing challenging health issues.

Older adults drive themselves, rely on family or volunteers to drive them, use public transportation, and utilize transportation services offered by social service agencies; all of these transportation options present their own separate challenges to getting around in Maine. It is important for transportation providers to keep the public informed of transportation resources in their community and surrounding regions in order to insure awareness and maximize usage. Volunteer drivers are crucial to meeting the transportation needs of older adults and their participation in transportation programs needs to be directly encouraged. Other system improvements to be considered include: expansion of the Down-Easter rail system; continued growth of ride-share programs and car-pooling lots; private sector investment in transportation; and improvements in connecting existing systems already established in the state to each other (MDOT, 2006; Groening, 2005).

## Public Transportation Infrastructure in Maine

Significant growth in ridership on public transit sources in the last decade can be seen in the graph below. From 1994 to 2004, ridership on ferries, airplanes, trains and buses in Maine increased by 42% (by more than two million riders), from 5.35 million to 7.58 million riders. Passenger usage of buses and trains is expected to continue to increase as gasoline prices remain high (MDOT, 2006). It is important for providers and policy makers to be mindful of older adults' needs, wants, and expectations of the public transit system.



Public transportation systems are located in some of the more urban communities of Maine. However, transportation is a significant barrier for older adults that live in rural parts of the state and for those who have a limited social and informal support network.

The Maine Department of Transportation recently published their report entitled, “Transportation in Maine: The State of the System, 2006” that lays out the current status of the transportation infrastructure in the state. The report states that passenger transportation is vital to addressing mobility needs of Maine’s citizens and issues of highway congestion. Funds from both state and federal sources have been adequate to meet capital needs; however, ongoing operating funds remain a concern for transit providers. It was found that sustainable operating funding sources for passenger transportation need to be developed in the state to ensure the continuation of these services (MDOT, 2006). Expansion, coordination and connection of existing systems will be essential to linking rural areas to the overall transportation infrastructure.

#### **Maine’s Passenger Transportation Resources (MDOT, 2006)**

- 6 commercial airports
- 30 general aviation airports
- 16 fixed route transit systems
- 42 miles of active passenger rail service (Amtrak Down-easter)
- 10 GO MAINE vanpool routes
- 2,000 park-and-ride spaces (some shared ownership with MTA)
- 1 intermodal passenger facility
- 1 commuter/intercity rail system

## **Problem Statement**

Rural older adults essentially have four transportation options: driving themselves; using public transportation; availing themselves of services provided by a relative, friend, or volunteer; or using a Medicaid-reimbursable transportation provider. Nationally, 41% of rural residents have no public transportation available to them and another 25% live in areas where public transportation, when available, is inadequate (Research and Training Center on Disabilities in Rural Communities, n.d.). Factors to consider concerning the mobility of older persons in rural areas include: the cost and safety of operating a motor vehicle; the lack of public transportation services to outlying rural communities; and an increased risk of isolation with increasing age. Isolation can mean limited access to family or community supports and increased utilization of ambulance rides and emergency room services.

According to the Research and Training Center on Disabilities in Rural Communities (n.d.), older adults represent as many as 36% of those who utilize public transportation. Despite this, many older adults have difficulty accessing public transportation services, especially when needed to get to medical appointments and chronic-care services. Research conducted by the Beverly Foundation and the AAA Foundation for Traffic Safety (2001) indicates that many older adults cannot access public transportation because of the physical demands of walking to a bus stop to take a local bus or inability to get into a van. Focus group data suggest that older adults perceive fixed-route transportation as limiting access to persons living closest to the planned route, while making it difficult for older adults living “off the beaten path” to use. Older adults

further report that scheduling for public transportation systems can be inconvenient, with limited service only during daytime hours (Glasgow & Blakely, 2000).

Healthcare providers in Maine have repeatedly identified transportation as a major problem in the provision of preventative and ongoing care for older adults, especially in outpatient settings (PHRG, 2001). Compounded by reduced socioeconomic conditions in many rural areas, older rural Mainers are also at-risk if they can no longer afford to own a car or no longer feel safe driving one. In many areas of Maine, few transportation options are available for those without a car or other sources of transportation (PHRG, 2001). Unless older adults are able to drive safely and own a car, they must rely on others to arrange or provide transportation to medical appointments, shopping, running errands, or socialization. Transportation is not only a critical link to essential medical care but it is also a key factor for independence and well being for older adults in rural areas.

Of particular concern is the population of low-income individuals who are in the “gap” areas of services. These are individuals who are not eligible for MaineCare coverage but cannot afford private transportation services. In general, elderly above 100% of federal poverty level (FPL) do not qualify for MaineCare services due to income. A 2004 Report from AARP indicated that Maine currently has 10.7% of its elderly population living below 100% of FPL and 26.3% of the elderly population are between 101%-and 200% of the FPL (AARP, 2004)

## **Trends**

Ensuring that older Americans have transportation options to retain their mobility and independence was among the top 10 resolutions voted on by delegates at the 2005 White House Conference on Aging (WHCoA, 2005). In Maine, a coordinated multi-agency Strategic Highway Safety Plan was initiated in 2004 with a focus on four core safety concerns: seat belt usage; lane departure crashes; aggressive driving; and older/younger drivers (MDOT, 2006). Transportation is an issue that frequently comes up in needs assessments, community forums, and regional planning meetings as an item that needs more attention and resources.

### **Maine Trends**

- Of the 183,402 persons age 65 and older living in Maine, 55,483 or 30.3% live alone.
- Nearly 73% of Mainers age 75+ have a driver's license.
- Maine ranks 3rd nationwide for percentage of residents' age 65+ living alone and women make up 76% of this population that lives alone.
- About 1 in 10 Mainers aged 70+ do not have a vehicle. (AARP, 2002)

## **Health Impact of Limited Transportation**

In a health planning report for northern, eastern, and central Maine published by the PHRG (2001), healthcare providers identified transportation services for the elderly as a significant problem, especially for elders requiring specialized chronic-care services such as chemotherapy and dialysis. It was also found that access to sub-acute services is especially challenging in the most rural parts of Maine due to significant geographic distances to health care services and few public transportation options. Rates of preventable hospitalizations for respiratory and

cardiovascular disorders were found to be elevated in nearly all of the studied areas. It was also found that many of these related ambulance rides can be reduced if health conditions are effectively managed on an outpatient basis (PHRG, 2001).

### **The Eastern Maine Transportation Collaborative**

The Eastern Maine Transportation Collaborative (EMTC) is a coalition of over thirty social service, healthcare, transportation, government, and academic organizations that have united to address problems related to regional transportation and access to health care. Key partners that have initiated activities on behalf of the Collaborative (supported by funding from the Maine Health Access Foundation) include Bangor Area Transportation (BAT), Community Connections, Eastern Agency on Aging, Eastern Maine Healthcare, Penobscot Valley Hospital, Penquis Community Action Program, St. Joseph Healthcare, University of Maine Center on Aging (UMCoA), United Way of Eastern Maine (UWEM), and Washington Hancock Community Agency (WHCA). EMTC successfully completed a one-year planning study to determine the health transportation needs of chronically ill patients 65 years and older in a three county region. Research was conducted in 16 hospitals and 34 affiliated chronic care offices.

#### **EMTC Recommendations to Address Transportation Needs for Older Adults**

- Educate older drivers about safe-driving practices as well as ways to take care of their cars so that they will have them as long as they need them.
  - Educate community members about the services that are available to them. This should be an ongoing process, wide reaching, accessible, and comprehensive.
  - Expand the Matter of Balance and Bone Builder physical exercise programs in order to enable older people to travel safely in the winter.
  - Distribute information about services to the public to ensure that citizens are receiving accurate information while also maintaining a link to available services.
    - Utilize all media channels: mail, print, free newspapers, cable access, television, email, internet, Maine AIRS/IRIS network, and flyers at grocery stores/pharmacies.
    - Challenge corporate media entities to increase PSA coverage.
  - Support the efforts of the Aging and Disability Resource Center (ADRC) and 2-1-1 information projects as “single point of entry” options.
  - Distribute information about transportation services as part of older patients’ discharge paperwork to take home with them. Also make transportation information available during hospital and medical office patient registration.
  - Advocate for increasing volunteer and family member reimbursement rates for MaineCare.
  - Consult older adults to determine what kind of transportation system they would use.
  - Establish a system of “senior escorts” to be placed on city buses to assist elders getting on and off the bus. This service would allow older adults to feel more secure and therefore utilize the bus system more. It would also provide an opportunity for older volunteers to partner in educating and orienting their peers to the bus system.
  - Provide transportation assistance to caregivers, such as resource link-up, ridesharing, support groups, and respite options.
  - Tie in the ride-share concept to current “volunteer-bank” initiatives.
  - Assist health care clients with inquiries about “paratransit” eligibility for CAP services.
  - Encourage health care clients to bring helpers with them on their rides
  - Promote ways to reach “in-between” clients; those who are not MaineCare eligible but do not have enough money to pay for transportation out-of-pocket.
  - Expand link-up to the “United We Ride\*\*” program.
- \* This federal mandate’s overall goal is to consolidate transportation and related funding. It provides federal dollars for a consolidated state transportation *plan*, not for transportation itself.

## **Reducing Unnecessary Ambulance Rides**

One recent study (Burkhardt, 2002) emphasized the important role that community transportation systems play in bringing patients to regular and preventative appointments, thus reducing unnecessary hospitalizations and ER visits. This study also projected annual savings of between \$300 and \$400 million nationally by eliminating Medicare's requirement of ambulance transportation to emergency rooms.

## **Options**

As mentioned previously, older adults drive themselves, rely on family or volunteers to drive them, use public transportation, or utilize transportation services offered by social service agencies. There are also some new and emerging options being developed to add to the discussion, such as the Independent Transportation Network (ITN) in Westbrook.

## **The Older Driver**

Public transportation systems in Maine are limited to the more urban areas of the state. By nature, Mainers are independent and self-sufficient; however, living in a rural state with limited transportation options leaves many older adults with few choices. The fact that 72.5% of persons age 75 and older still hold a valid license speaks to this phenomenon. The number of drivers age 65 and older is expected to at least double over the next 30 years (U.S. Senate Special Committee on Aging, n.d.). One out of every 10 drivers in Maine is over the age of 70 (Maine Department of Transportation, 2002). This topic continues to stir public debate regarding drivers' independence versus public safety. Periodically, news organizations will focus on stories of older adults involved in driving accidents. Yet, the Maine Department of Transportation reports that older drivers have fewer crashes than young drivers because of their increased experience with driving. However, crash rates do start to increase as drivers reach their seventies, due to such factors as vision loss, slowed reaction time, and decreased flexibility (Maine Department of Transportation, 2002). A happy medium is necessary to balance one's independence and mobility with risks to injuring oneself or others.

## **Informal Transportation Provision**

Given the lack of public transportation in rural areas, many rural elderly rely on informal transportation systems to get to and from appointments. This informal system often consists of rides provided by friends, family members, neighbors, and other people within one's social network. Older adults report enjoying transportation provided by friends and family and view such rides as a chance to build stronger social ties to one another and reduce social isolation (Glasgow & Blakely, 2000). Informal transportation also comes with challenges. Older adults are often reluctant to "impose" on friends and family, and relying on friends and family members does not always ensure a reliable ride as it means working around their schedules (Glasgow & Blakely, 2000). Findings from a rural Kentucky study also emphasize the need to build and support informal transportation services for older adults. Results of this study indicated that personal cars, rather than public buses or vans, are the preferred mode of transportation for older adults as both passengers and riders (Stamatiadis, Leinbach, & Watkins, 1996). Other important

sources of informal transportation services are provided via small organizations within one's community, such religious institutions, social organizations, senior centers, and community groups. However, many smaller organizations lack the resources to provide large-scale transportation or transportation flexibility.

## **Public Transit**

Sixteen fixed-route transit systems provide regularly scheduled bus service in Maine. Examples of these systems can be found in Bangor, Portland, Lewiston-Auburn, and on Mount Desert Island. The fixed route systems offer frequent service on a variety of routes, serving local commuters, shoppers, senior citizens, persons with disabilities and others. Smaller systems in Augusta, Waterville, Paris, Belfast, Rockland, Bath, South Portland, Sanford, Biddeford, Saco, Old Orchard Beach and Ellsworth operate 5 days a week, helping area residents get around town without the use of a private car. In rural areas of western and eastern Maine, some routes receive regularly scheduled service once or twice a week ([exploremaine.org](http://exploremaine.org), 2006). These rural routes represent a start to addressing rural transportation linkage to the larger system as a whole.

## **Volunteer Drivers**

Public transportation systems are limited to the more populated communities and much reliance is placed on the volunteer driver's services provided through community agencies (UMaine Center on Aging, 2006). Volunteer drivers are an integral part of both the formal and informal transportation system throughout the state. A best practice analysis of 27 national transportation providers of older adults was conducted by the UMaine Center on Aging in 2005. A striking finding was the reliance on volunteer autos and drivers for service provision. It was found that: 78% of all vehicles used were volunteer cars, with 79% of drivers for these programs being volunteers and 21% being paid staff.

Volunteers are attracted to be drivers for three major reasons: to help others, to do something meaningful, and to give back to the community (Beverly Foundation, 2005). Yet, recruitment continues to be a constant challenge for most volunteer organizations. Offering an incentive for a volunteer who refers someone to the program is a strategy that can be utilized to bolster volunteer ranks; a reference from an existing volunteer is the most effective recruitment tool ([enVision.ca](http://enVision.ca). 2006).

Volunteers need structure as well as flexibility. Volunteers are in the unique position to come to work because they want to, not because they "have to." However, this can create an interesting dynamic for volunteer supervisors within such organizations. Involving paid staff in designing the volunteer program will help to minimize paid staff resentment (Connors, 1995). Written guidelines for volunteer activities and procedures will help minimize conflict and difficulties. This dynamic impacts how conflict arises and is dealt with within a volunteer organization. Letters from frequent riders about the impact transportation has had on their lives and personalized "thank you" notes from riders go a long way in volunteer driver retention. Newsletters are an excellent means by which to recognize volunteers for a job well done. Encouraging newsletter submissions from volunteers is another strategy that can help volunteers to feel included in the organization as well as feel that their voice is "being heard."



The first six months are a critical period in retaining volunteers. Poor utilization of volunteer drivers leads to high attrition levels (National CASA Association, 2000). Retaining volunteer drivers often means addressing the common fears and concerns that come with providing transportation. Concerns about liability issues (Brudney, 1999) and relevant training need to be addressed to help the volunteer do their job well, especially in the area of assisting individuals with disabilities (Agency Council on Coordinated Transportation, p.16). Recognition is an important part of the relationship between the volunteer and the organization they serve (McCurley, 1997).

## **Social Service Agencies Providing Transportation to Older Adults**

Often there are eligibility requirements for transportation services provided by social service agencies. The best way to find out if you qualify is to ask. Assuming that one does not qualify for services can be a barrier to accessing services. First steps include contacting your local Area Agency on Aging to speak with a resource specialist or dialing 211 and getting in contact with an expert that can link you to transportation resources as well as many other services and programs throughout the state. The nationwide best practice analysis of 27 older adult transportation models nationwide conducted by the UMaine Center on Aging revealed a number of principles that agencies should keep in mind for transportation provision for older adults. They are highlighted below:

### **Best Practices in Transportation Provision for Older Adults (EMTC, 2005)**

- Flexible and accessible service is a must. Flexibility can be provided by giving riders increased options for scheduling. Accessibility means providing vehicles that older adults feel safe in, training drivers in the appropriate lifting and transferring methods where applicable, and providing escort assistance to appointments when possible.
- Drivers are an important component in providing safe and reliable transportation. As such, drivers should be appropriately screened and trained in a way that emphasizes safety as well as sensitivity to the needs of older adults.
- Services are best approached as a response to community-based needs. Each organization should assess and be aware of its relationship to community members as well as its public image. Developing a positive relationship with riders, community members, and potential partners is an essential step in carrying out best practice service.
- Volunteers are a vital part of the country's transportation for older adults. Volunteers provide the key link between neighborly service and meeting the demands of strapped budgets, yet volunteers are consistently identified as a scarce resource, difficult to recruit and maintain, especially in winter months. Maine in particular continues to face this challenge given our long winters and lack of transportation dollars needed to serve older adults' medical transportation needs.
- The best programs make a commitment to going beyond transportation services, narrowly defined. They make neighborly connections with those served and whenever possible provide individual or personal service to older adults.
- Successful models partner and evolve financially, looking beyond traditional sources of funding. This challenges transportation providers to step out of standard modes of operating to seek out new ways to raise funds.
- Partnering and collaborating with other organizations is critical in rural areas. In order to promote collaboration and partnership, organizations and providers need to overcome and adjust to the new demands that sharing resources brings, such as learning to meld policies and practices so that each partner can benefit.

## **Creative Alternatives: The Independent Transportation Network**

One alternative transportation option created in Maine and receiving national media attention is the Independent Transportation Network (ITN) based in Westbrook. When older adults choose to stop driving, ITN is a program intended to replace the automobile by providing 24/7 access to individualized transportation options with an overall goal of preserving independence and mobility for the older adult. Members pay dues and receive monthly statements that show their pre-paid balance with which they can pay for rides by the mile. Drivers offer door-to-door assistance and consist of both paid and volunteer drivers. ITN is the Federal Transit Administration's model for community-based, self-sufficient transportation for older adults. It is particularly notable that ITN does not rely on public funds to operate (Freund, 2003). The next step for the model is a national replication and rollout initiative. Recently, Senator Susan Collins introduced a bill that would help the national rollout efforts entitled "The Older Americans Sustainable Mobility Act of 2006. The first phase of national expansion of ITN would include such cities as Orlando, FL; Santa Monica, CA; Charleston, SC; Mercer, NJ; and Portland, ME, where the program originated (Freund, 2006).

### **Guiding Principles of ITN (Freund, 2003)**

- There is dignity and independence in being self-reliant
- Communities care about older adults and transportation options that foster independence
- Information technology systems are crucial in sustaining efficiency in transportation systems
- The key to economic sustainability is private resources

## **Small Community Model**

The town of Bucksport has successfully implemented a rural community model of public transit that could be replicated in similar communities throughout the state. The bus system runs one day per week, Wednesday, on a fixed route and schedule in the business district of the town. Riders who live in "outlying" areas are connected to the local taxi service for rides outside of the business district; and all riders, regardless of destination or frequency of service use, are charged \$1. The system is run by Downeast Transportation of Ellsworth and is partially subsidized by the Maine Department of Transportation and the Town of Bucksport. Riders and drivers alike acknowledge not only the benefits of a fixed-route transportation system in town but also the value of socialization and the reduction of isolation the ride program fosters (Hewitt, 2003).

## **Barriers**

Even when public transportation is available, its characteristics often make it less attractive to older adults. Such factors include advance scheduling requirements, limited hours of service, limited service areas and undependable services, long wait times, and lack of escorts (Beverly Foundation & Community Transportation Association of America, 2004). In a 2004 survey, providers identified the top 10 barriers older adults encounter in using public transportation services. The top three included the time of travel, not understanding how the transportation system works, and having to wait for a vehicle. Other barriers include difficulty getting in and out of the vehicle, fear of getting lost on a public transit system, and the perception that

transportation is not “senior friendly” (Beverly Foundation & Community Transportation Association, 2004).

### **Transportation Barriers for Older Adults**

- Cost of maintaining a vehicle on a fixed income (fuel, repairs, registration, etc.)
- Limited availability of public transportation options (due to restrictions related to cost, number of routes, times, and days available)
- Eligibility requirements for some social service transportation programs
- Lack of knowledge or awareness of transportation services available

## **The Challenges of Being Flexible**

Serving a population that often needs medical transportation provides some unique challenges. For example, as the need for dialysis increases so too does the need for weekend service to dialysis centers. Such weekend hours cost extra dollars for paid staff or present difficulties in finding volunteer drivers. Also, because doctor visits often run late, it is difficult to coordinate pick-up for these types of visits. Cancellations also make scheduling and coordinating transportation difficult.

## **Quality Makes a Difference**

Many successful models of transportation describe their approach to customer service as a distinguishing feature. For many organizations, providing transportation means having flexible staff members and volunteers who are both considerate and sensitive to the needs of older adults. Successful models emphasize a strong customer-service orientation among their staff and adopt a “people helping people” philosophy.

Organizations invest considerable time and money in screening and training drivers. Screening methods used by the best practice models included a license check, driving-record check, criminal-background check, drug and alcohol screens, road tests, vision tests, insurance check (for volunteer drivers), medical exams as well as personal references, and, for some tribal organizations, verification of tribal membership/ancestry.

## **Stretching Dollars**

At the core, providing transportation to older adults means remaining financially solvent. Funding is always an issue, given the pervasive reality of budget constraints and diminishing public dollars. Creative programs utilize unique funding mixes and seek nontraditional sources of money. Some entered into partnerships with other local agencies or businesses to provide monies for innovative services.

## **Rural Partnerships**

Rural partnerships can be seen as vital to survival in areas where few resources exist. But partnering also presents unique challenges to rural providers in that it requires learning a new language and adapting business procedures. Difficulties can exist in coordinating services with other providers when each organization has divergent policies and billing procedures.

# Implications

## Guiding Philosophies

Successful and exemplary models have guiding philosophies that enhance services and attract partnerships and potential riders. Connection to communities served is an essential component to best practice services. Such connections might include having a history and positive reputation within a community and fostering positive relationships with riders. In rural areas especially, many transportation programs began as grassroots movements. Maine is fortunate to have citizens who are resourceful and creative, which is just the combination needed to tackle this pressing issue.

The recent spike in gas prices has significantly decreased the number of volunteer drivers who provide rides in Maine to those in need. In September 2005, the *Bangor Daily News* ran a feature story about the direct impact of gas prices and decreased numbers of volunteer drivers specifically relating to area social service agencies that provide a significant number of rides to older adults (McGarrigle, 2005). The efforts of many of these social service agencies, volunteers, and other supporters of the lobbying efforts of the Maine Transit Association resulted in a rule change by the Maine Department of Health and Human Services (DHHS) that has increased the mileage reimbursement rate for volunteer drivers who coordinate rides through a Medicaid-certified provider. The change, which went into effect on October 12, 2005, changed the volunteer driver reimbursement rates from \$0.15 to \$0.22 per mile for driving oneself, friends, or family members, and from \$0.30 to \$0.44 when driving people outside of one's family (State of Maine Secretary of State, 2005).

In the regional forums that preceded the 2006 Blaine House Conference on Aging, Maine's older citizens put forth a series of recommendations (including the following) to be discussed at the conference:

### 2006 Blaine House Conference on Aging Regional Forum Recommendations

- Develop a transportation impact statement – a review of the need and the resources
- Increase available public transportation
- Develop a transportation system for private homes
- Conduct a statewide survey of what works – Determine if legislation can address liability
- Expand ITN (Independent Transportation Network - Currently Portland Only) and Western Maine Transportation (sliding scale)
- Develop options: Regional transportation, bus, volunteer drivers, taxis
- Look at cost of all transportation networks to see how public/private dollars could cover cost
- Allocate funds to support volunteer transportation networks that support seniors' independence, not just their medical transportation needs
- Make available more transportation (for licensed drivers) at times when they may be unable to drive, such as after dark or after medical appointments
- Offer a greater variety of transportation routes (including weekly trips to big box retailers). This would result in services being used more. More coordination of public transportation systems between Piscataquis County and Penobscot County, so they link up. Offer regular routine public transportation for all those living in rural areas with no income barriers

## Appendix A

### References

- AARP (2002). *Across the States 2002: Profiles of long-term care research report*. Retrieved November 11, 2004, from <http://www.aarp.org/research/reference/statistics>.
- AARP (2004). *Across the States 2004: Profiles of long-term care research report*. Retrieved November 11, 2004, from <http://www.aarp.org/research/reference/statistics>
- Agency Council on Coordinated Transportation. Retrieved February 2, 2006 from <http://www.wsdot.wa.gov/transit/vdg/default.htm>.
- Beverly Foundation & Community Transportation Association of America (2004). *Innovations for seniors: Public and community transit services respond to special needs*. Retrieved October 20, 2005, from <http://www.ctaa.org/ntrc/senior/innovations.pdf>.
- Beverly Foundation (2005, May). STAR Search 2004, Retrieved February 1, 2006 from <http://www.beverlyfoundation.org/awards/index.html>
- Brudney, J.L. (1999, Autumn). The Effective Use of Volunteers: Best Practices for the Public Sector, *Law and Contemporary Problems*, 62, 4, Duke University School of Law. Retrieved January 26, 2006 from <http://www.jstor.org/>
- Burkhardt, J. E. (2002). *Benefits of transportation services to health programs* (Prepared for the Community Transportation Association of America by WESTAT). Retrieved November 15, 2004, from [www.ctaa.org/usu\\_dis/admin/burk1.pdf](http://www.ctaa.org/usu_dis/admin/burk1.pdf).
- Connors, T.D. (1995). *The Volunteer Management Handbook*, John Wiley & Sons Inc.
- The Eastern Maine Transportation Collaborative (EMTC) (2005). The Eastern Maine Transportation Collaborative's Health Services Initiative Needs Assessment Research, Final Report. Prepared by the UMaine Center on Aging in conjunction with Eastern Maine Healthcare Systems and the United Way of Eastern Maine for Maine Health Access Foundation Grant #2004B-0017.
- Ellis, S.J. (1996, June 1). *From the Top Down: The Executive Role in Volunteer Program Success* Retrieved January 24, 2006, from <http://www.energizeinc.com/hot/01aug.html>. enVision.ca. Retrieved February 2, 2006, <http://envision.ca/templates/resources.asp?ID=105>. [exploremaine.org/bus/fixedroute.html](http://exploremaine.org/bus/fixedroute.html) (2006).
- Freund, K. (2003). Independent Transportation Network: the next best thing to driving. *Generations*, Summer 2003, 27(2), 70-71.
- Freund, K. (2006). ITNAmerica, A National Non-profit Transportation Network for Seniors. A presentation to the Eastern Maine Transportation Collaborative, Bangor, Maine, August 10, 2006.
- Glasgow, N., & Blakely, R. M. (2000). Older non-metropolitan residents' evaluations of their transportation arrangements. *Journal of Applied Gerontology*, 19(1), 95-116.
- Groening, T. (2005, September 19). Public transit in Maine a mixed bag: Connecting various transportation modes seen as key to improvement. *Bangor Daily News*. Retrieved October 4, 2005, from [www.bangornews.com](http://www.bangornews.com).

## Appendix A

### References

- Hewitt, R. (2003, December 11). Bucksport riders praise bus service. *Bangor Daily News*. Retrieved October 12, 2005, from [www.bangornews.com](http://www.bangornews.com).
- maine.gov/legis/senate/about/generalinfo/Students/questions\_students\_ask-1.htm Maine Department of Transportation (2002). *Maine DOT flash facts: Elderly driving*. Retrieved August 12, 2005, from [http://mainegovimages.informe.org/mdot/safety-programs/pdf/elderly\\_driving\\_issues.pdf](http://mainegovimages.informe.org/mdot/safety-programs/pdf/elderly_driving_issues.pdf).
- Maine Department of Transportation (2006). Transportation in Maine: The State of the System, 2006. Retrieved September 6, 2006, from <http://www.maine.gov/mdot-stage/technical-publications/sos/>.
- McCurley, S., & Lynch, R. (1997, May). *Volunteer Management*, Heritage Arts.
- McGarrigle, D. (2005, September 29). Angels of the road despite high gas prices: Volunteers still willing to drive seniors to medical appointments. *Bangor Daily News*. Retrieved October 19, 2005, from [www.bangornews.com](http://www.bangornews.com).
- National CASA Association (2000, April). Retrieved January, 31, 2006, from <http://www.casanet.org/program-management/volunteer-manage/retentn.htm>.
- Public Health Resource Group (PHRG) (2001). *The Eastern Maine Healthcare community health needs assessment with a special focus on substance abuse*. Retrieved October 12, 2004, from: <http://www.emh.org>.
- Research and Training Center on Disabilities in Rural Communities (n.d.). *Rural facts: Transportation*. Retrieved August 31, 2004, from <http://rtc.ruralinstitute.edu>.
- Stamatiadis, N., Leinbach, T. R., & Watkins, J. F. (1996). Travel among non-urban elderly. *Transportation Quarterly*, 50(3), 113–121.
- State of Maine, Secretary of State (2005). *Notice of rule-making*, October 12, 2005. Retrieved October 26, 2005, from <http://www.maine.gov/sos/cec/rules/notices/2005/101205.htm>.
- UMaine Center on Aging (2006). Volunteer driver survey. MEHAF Transportation Implementation Grant.
- U.S. Senate Special Committee on Aging (n.d.). *Transportation for the rural elderly*. Retrieved August 25, 2005, from <http://aging.senate.gov/public/events/hr62jb.htm>.
- White House Conference on Aging (WHCoA) (2005). 2005 White House Conference on Aging Closes, top 10 resolutions announced, press release, Wednesday, December 14, 2005.